No. 2
-10-39
7-39
X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 8 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 43779

Registration District No. 784 Primary Registration District No. 101 Registrar's No. 2451

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Clayton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Louis County Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis
(c) City or town Kirkwood
(If outside city or town limits, write "RURAL")
(d) Street No. 116 New York St.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Otto Leykam, Jr.
3. (b) If veteran, name war
3. (c) Social Security No. 489-18-0881

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Goldie Leykam
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Nov 22 1919
(Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
21	1	3	hr. min.

9. Birthplace Kirkwood, Mo.
(City, town, or county) (State or foreign country)
10. Usual occupation Chauffeur
11. Industry or business Straub Groo Co.
FATHER 12. Name Otto Leykam, Sr.
13. Birthplace Neier, Mo.
(City, town, or county) (State or foreign country)
MOTHER 14. Maiden name Pearl C. Padfield.
15. Birthplace St. Louis, Mo.
(City, town, or county) (State or foreign country)
16. (a) Informant Mrs Otto Leykam Jr
(b) Address 116 New York St. Kirkwood
17. (a) Burial (b) Date thereof 12/28/40
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation St. Peters Cemetery
18. (a) Signature of funeral director Louis H Boppe
(b) Address 131 W. Argonne Dr. Kirkwood
19. (a) DEC 25 1940 (b) T.K. Meyimsdike
(Date received by local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 25th year 1940 hour 1:30 P.M. minute M.

21. I hereby certify that I attended the deceased from Dec 22, 1940 to Dec 25, 1940; that I last saw him alive on 12/25/40, 19 ; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Septicemia	4 days.
Due to Cellulitis of face	7 days.
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
(Specify type of place)
While at work (e) Means of injury

23. Signature John G. Matthews (M. D. or other)
Address St. Louis County Hospital Date signed 12/25/40

(Licensed Embalmer's Statement on Reverse Side)

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by ....

...., Registered Apprentice No. ....

working under my personal supervision.

Signed Rollin W. Bopp

Licensed Embalmer No. 3047

P. O. Address Clayton

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.

No. 2B
2-21-40
X22859

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 43779

Registration District No. 784 | Primary Registration District No. 101 | Registrar's No. 2457

1. PLACE OF DEATH:
(a) County St Louis
(b) City or town Clayton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St Louis Co Hosp
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
(Specify whether
In this community.....
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State..... (b) County.....
(c) City or town.....
(If outside city or town limits write "RURAL")
(d) Street No.....
(If rural, give location)
(e) If foreign born, how long in U. S. A.?.....years.

3. (a) PRINT FULL NAME Otto Leykam Jr.
3. (b) If veteran, name war..... 3. (c) Social Security No.....

4. Sex M | 5. Color or race W | 6. (a) Single, widowed, married, divorced M

6. (b) Name of husband or wife.....
6. (c) Age of husband, or wife, if alive.....years

7. Birth date of deceased.....
(Month) (Day) (Year)

8. AGE: Years 21 | Months 1 | Days 3 | If less than one day hr. min.

9. Birthplace.....
(City, town, or county) (State or foreign country)

10. Usual occupation.....

11. Industry or business.....

MOTHER FATHER
12. Name.....
13. Birthplace..... (City, town, or county) (State or foreign country)
14. Maiden name.....
15. Birthplace..... (City, town, or county) (State or foreign country)

16. (a) Informant.....
(b) Address.....

17. (a) ..... (b) Date thereof.....
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation.....

18. (a) Signature of funeral director.....
(b) Address.....

19. (a) 12-26-44 (b) T R Meyer M D & P X
(Date received local registrar) (Registrar's signature)

SUPPLEMENTARY

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 25
year 1944 hour ..... minute ..... M.

21. I hereby certify that I attended the deceased from ..... 19..... to ..... 19.....;
that I last saw h..... alive on ..... 19.....;
and that death occurred on the date and hour stated above.

Immediate cause of death Septicemia — Duration ...
Due to Cellulitis of face
Due to ~~Furuncle~~ Furuncle on Upper lip.

Other conditions.....
(Include pregnancy within 3 months of death)

Major findings:
Of operations.....
Of autopsy.....

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify).....
(b) Date of occurrence.....
(c) Where did injury occur?..... (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
(Specify type of place)
While at work? (e) Means of injury.....

23. Signature John G. Matthews (M. D. or other)
Address St Louis County Hosp. Date signed.....